

469-000-210 MEDICAL COPAYMENTS

Service	Amount of Copayment
Chiropractic Office Visits	\$1 per visit
Dental Services	\$3 per specified service
Drugs	\$2 per prescription
Eyeglasses.....	\$2 per dispensing fee
Hearing Aids	\$3 per dispensing fee
Occupational Therapy (Non-hospital Based)	\$1 per specified service
Optometric Office Visits	\$2 per visit
Outpatient Hospital Services.....	\$3 per visit
Physical Therapy (Non-hospital Based).....	\$1 per specified service
Physicians (M.D.'s and D.O.'s) Office Visits	\$2 per visit
(Excluding Primary Care Physicians - Family Practice, General Practice, Pediatricians, Internists, and physician extenders {including physician assistants, nurse practitioners, and nurse midwives} providing primary care services)	
Podiatrists Office Visits	\$1 per visit
Therapy Services (Non-hospital Based)	\$2 per specified service

Excluded Services: The following services are excluded from the above copayment requirement by federal regulations:

1. Emergency services provided in a hospital, clinic, office or other facility that is equipped to provide the required care. An emergency is defined as the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity including severe pain that the absence of immediate medical attention could reasonably be expected to result in -
 - a. Placing the patient's health in serious jeopardy;
 - b. Serious impairment to bodily functions; or
 - c. Serious dysfunction of any bodily organ or part;
2. Family planning services, supplies, and drugs (such as contraceptive pills, creams, lotions etc.) provided to individuals of child-bearing age; and
3. Services provided by a health maintenance organization (HMO) to individuals enrolled in the HMO.